

Transplantation • Nurse Navigators • Brachytherapy

microscope

March 2017

CHIhealth.com

The
Oncology
Issue

**FATHER OF
HEREDITARY
CANCER
SAVES LIVES**

National Clinical Trials
In Central Nebraska

Breast Cancer Centers
Among Top 1%

REACHING FOR CURE

4 National Clinical Research on Nebraska's Prairie

CHI Health St. Francis Cancer Center director brings National Cancer Institute studies to central Nebraska, giving Grand Island-area patients leading-edge care.

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6 Transplantation Evolves from Bone Marrow to Stem Cells

'Only cure, only hope' treatment once took 180-day recoveries. Now stem-cell transplantation, FACT-accredited at CHI Health Immanuel, takes mere days.

ACHIEVING NATIONAL DISTINCTION

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Marketing and Communications

Tina Ames

Division Vice President

Public Relations

Mary Williams

Division Director

Editorial Team

Frank Budz

Sonja Carberry

Terry Douglass

Katrina Moerles

Content Advisor

Becki Swanson

Design

CHI Health

Photography

Andrew Jackson

About CHI Health

CHI Health is the largest not-for-profit, regional health network in Nebraska. It embraces a Mission to nurture the healing ministry of the Catholic Church while creating healthier communities. Based in Omaha, CHI Health has 15 hospitals, two stand-alone behavioral health facilities and more than 150 physician practice groups – in CHI Health Clinic and The Physician Network (TPN) – in Nebraska and southwest Iowa. CHI Health is the primary teaching partner of Creighton University's health sciences schools. CHI Health is part of Catholic Health Initiatives (CHI), a nonprofit, faith-based health system based in Englewood, Colorado, that operates in 19 states. For more information, please visit CHIhealth.com.

Under the Microscope



Dear Colleagues,

This month we put cancer under the microscope. The National Institutes of Health project nearly 20 million people will be living with cancer by the year 2024. While our goal as family physicians is to prevent cancer, we do help in the diagnosis as well as guide our patients to the oncologists, studies and treatments that we believe will bring them hope and healing.

At CHI Health we not only treat the disease, we treat the patient – body, mind and spirit. We team up with oncologists who are among the very best. From Dr. Henry Lynch, the man who is known for his discovery of familial susceptibility to certain kinds of cancer, to experts in radiation therapy, interventional radiology, pathology, chemotherapy, stem-cell transplant, research and clinical trials, the oncologists that partner with CHI Health reach from southwest Iowa to central Nebraska.

This publication is indicative of our commitment to you, as well as to your patients and community, to become more transparent and accountable as we work to lower cost, improve quality and make the care you offer to your patients more affordable. While industry talk is about bundles and changing reimbursement, our focus will always stay on the patients and helping them through some of the scariest, saddest and occasionally the most joyful moments of their lives.

Sincerely,

A handwritten signature in black ink, appearing to read "Cliff Robertson, MD". The signature is fluid and cursive.

Cliff Robertson, MD
Chief Executive Officer
CHI Health

Letter from Oncology

Dear Colleagues,

As physicians, we know we must keep pressing forward – often into new territory – for our patients. This is especially true for the field of oncology.

At CHI Health, we're keeping pace with scientific advances, such as gene research which has elucidated the causative mutation for many cancers. This has enabled the development of therapies specifically targeting that mutation. CHI Health has initiated a Precision Medicine program to identify these abnormalities and the therapies that might be specifically applicable to an individual patient.

Other recent discoveries in the field of immunology have led to effective new cancer therapies. By harnessing the body's own immune system and using it to fight the cancer, some cancers which are minimally responsive to chemotherapy can now be treated more effectively.

These are exciting leaps.

On the ground, our patient-centered approach addresses every part of the cancer journey. Yes, our clinicians use state-of-the-art technology such as TrueBeam Radiotherapy, and our oncologists participate in the only National Cancer Institute-sponsored community-based clinical trials program in the state. But we also apply the expertise of a well-organized Cancer Support Team to treat the mind and spirit. This team includes experts in the fields of mental health, finance, social work, nutrition, rehab, clergy, cosmetology and patient navigation.

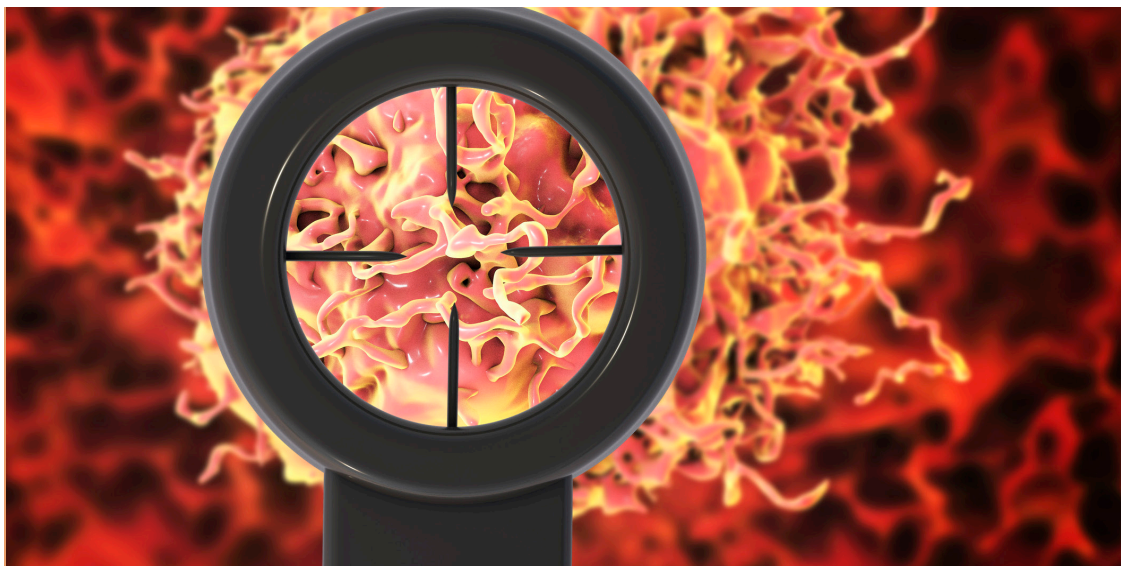
Together, we're pressing forward to keep you and your patients on the leading edge of oncology care. This edition of *microscope* tells how. Enjoy.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph Verdirame, MD". The signature is cursive and somewhat stylized.

Joseph Verdirame, MD

High-Dose Rate Brachytherapy Zeroes in on Prostate Cancer



Hadi Zahra, MD
Radiation Oncologist
CHI Health Creighton
University Medical
Center - Bergan Mercy

When it comes to treating prostate cancer with radiation, a pinpoint beats a spotlight.

That’s the premise behind high-dose rate (HDR) brachytherapy, which has become a well-established treatment for localized prostate cancer. The only HDR prostate brachytherapy program in Nebraska is offered by the CHI Health Henry Lynch Cancer Center at Creighton University Medical Center – Bergan Mercy.

“Generally, brachytherapy enables higher doses to be delivered to the tumor than conventional methods of using external beam radiation, and so it certainly allows us a better ability to provide local tumor control, thereby increasing our chances for cure,” said CHI Health radiation oncologist Hadi Zahra, MD.

With low-dose rate brachytherapy, seeds commonly containing palladium or iodine are implanted in the tumor and stay in the patient.

With high-dose rate brachytherapy, catheters are temporarily placed into the prostate transperineally, and a high dose of radiation is delivered over a span of minutes, often in two sessions per day, and removed immediately after that day’s treatment.

“With high-dose rate, since we apply the radiation after we put in temporary catheters,

it allows us to better fine-tune the radiation to the at-risk tissues, and to better modulate the dose around healthy tissues that we hope to preserve,” Dr. Zahra said.

That inverse relationship – high doses going to the cancerous area and low or no doses to normal tissues – is why brachytherapy has been called the ultimate in conformal therapy.

“Numerous studies have shown that when you use brachytherapy as a radiation treatment strategy, you have an ability to deliver higher doses more safely and thereby improve PSA outcomes,” Dr. Zahra said.

The advance expands treatment options for prostate cancer patients.

“Individuals can be considered for high-dose rate brachytherapy as a single modality treatment called monotherapy in the low-or favorable intermediate-risk groups,” Dr. Zahra said.

For individuals with high-risk or in an unfavorable intermediate-risk group for prostate cancer, high-dose rate brachytherapy can be combined with external beam radiation treatment in appropriately selected patients.

“It’s an exciting area and certainly an opportunity to deliver radiation therapy in a sophisticated way,” Dr. Zahra said. 🌟

“Generally, brachytherapy enables higher doses to be delivered to the tumor than conventional methods of using external beam radiation...”

Hadi Zahra, MD

Faced with early-stage prostate cancer, Randy Jensen dug in and researched his treatment options. The farmer from Blair, Nebraska, ultimately chose high-dose rate brachytherapy at CHI Health Creighton University Medical Center – Bergan Mercy. This internal radiation treatment minimizes damage to surrounding organs and only required two outpatient visits compared to 40 or more treatments of external beam treatment. While Jensen’s PSA had spiked at 9 ng/ml in February 2016, shortly after treatment he was back on his tractor and three months later his PSA was down to 2.5 ng/ml.

Blair Farmer Weighs Prostate Treatment Options



HDR Brachytherapy Eases Skin Cancer Treatment

Patients facing non-melanoma skin cancer can now receive a new proven technology to treat cancer precisely and without surgery at CHI Health St. Elizabeth.

High-dose rate (HDR) brachytherapy delivers radiation directly to the cancerous lesion using a specially designed applicator. It eliminates the potential visible scarring left by surgery, which has traditionally been the most common skin cancer treatment.

Kevin Yiee, MD, medical director of St. Elizabeth Radiation Therapy Center, said the treatment uses an Iridium-192 radioactive pellet that sits right on top of the cancerous skin.

“It sits on top of the lesion for a couple of minutes, allowing radiation to be absorbed into the skin lesion, and kills the cancer just as effectively as surgery, meaning that 90 to 95 percent of the time after this treatment, the cancer will not return,” Dr. Yiee said. “Oftentimes, especially in older patients, they have more than one spot that needs to be treated. With this, we can treat all cancerous spots in one treatment.

They don’t have to go through multiple courses.”

When Nancy Gondringer learned she had basal-cell carcinoma, she assumed she would have to undergo major nose surgery.

“My aunt had a spot on the bridge of her nose. To remove it, she underwent significant nasal surgery,” Gondringer said. “It took much longer to heal and was more invasive than brachytherapy.

“I know brachytherapy was the right treatment for me. Dr. Yiee removed the cancer without any scarring.”

The treatment is delivered on an outpatient basis in six or 10 sessions that last about 10 minutes, allowing patients to resume normal activities the same day. The success rate is the same as traditional surgery and patients are typically more pleased with the outcome.

“The only limitation is that we typically use this procedure for cancer that only penetrates the skin less than half of a centimeter,” Dr. Yiee said. “After treatment, patients will have redness at the application area

comparable to a sunburn, but by a month afterward, things get better. Two months afterward, sometimes it’s difficult to tell people have even had treatment.”

Skin cancer is common, but most cases are highly curable. “With HDR brachytherapy, we see cure rates equal to surgery and patients are pleased with the cosmetic outcome,” Dr. Yiee said. 🌱



Kevin Yiee, MD
Medical Director
Radiation Therapy
CHI Health St. Elizabeth

A Sampling of Clinical Trials at St. Francis

The St. Francis Cancer Center currently has

61

active clinical trials

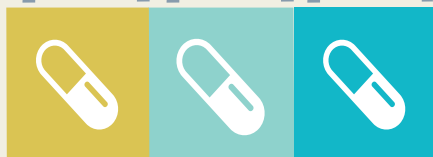
87%

of which are National Cancer Institute studies

"All these high-priority national trials address the most unmet needs in the care of our oncology patients," said M. Sitki Copur, MD, oncology medical director. Some of our national high-priority trials include:

MATCH Trial for all cancers

"The NCI MATCH trial is unique in that it utilizes advanced DNA sequencing and utilizes 24 different promising drugs targeting tumor mutations, so it is a precision medicine trial," Dr. Copur said.



NSABP55 and Alliance trial for breast cancer



Adjuvant PDL-1 trial for melanoma



Cancer Control and delivery type trial breast cancer Weight Loss trial

Rectal Prospect trial for colorectal cancer

Rectal Total Neoadjuvant Treatment (TNT) for colorectal cancer



Cancer Center Accomplishments



- ✓ Cancer and Leukemia Group B (CALGB) affiliate 2006 to 2014
- ✓ NCCCP initial pilot – 2007 to 2014
- ✓ NCI-ASCO poster presentation – 2010
- ✓ ASCO Clinical Trials Participation Award (CTPA) 2010 and 2016
- ✓ ASCO Community Oncology Research Grant (CORG) – 2010
- ✓ ASCO Late Breaking Abstract presentation – 2014
- ✓ NCORP community site – 2014
- ✓ Journal of Oncology Practice publication – Impact of NCCCP experience at St. Francis – 2016
- ✓ NCI Rectal Anal Task Force – 2016
- ✓ NCORP meeting accrual presentation – 2016

Nurses Play Crucial Role on Research Team

Clinical trial nurses at St. Francis Cancer Center work with patients throughout the clinical trial process. It starts with their first visit.

"Half of our patients are newly diagnosed, so they are scared," said Jennifer Scott, RN, BSN. "We help them understand all of their treatment options – not just clinical trials."

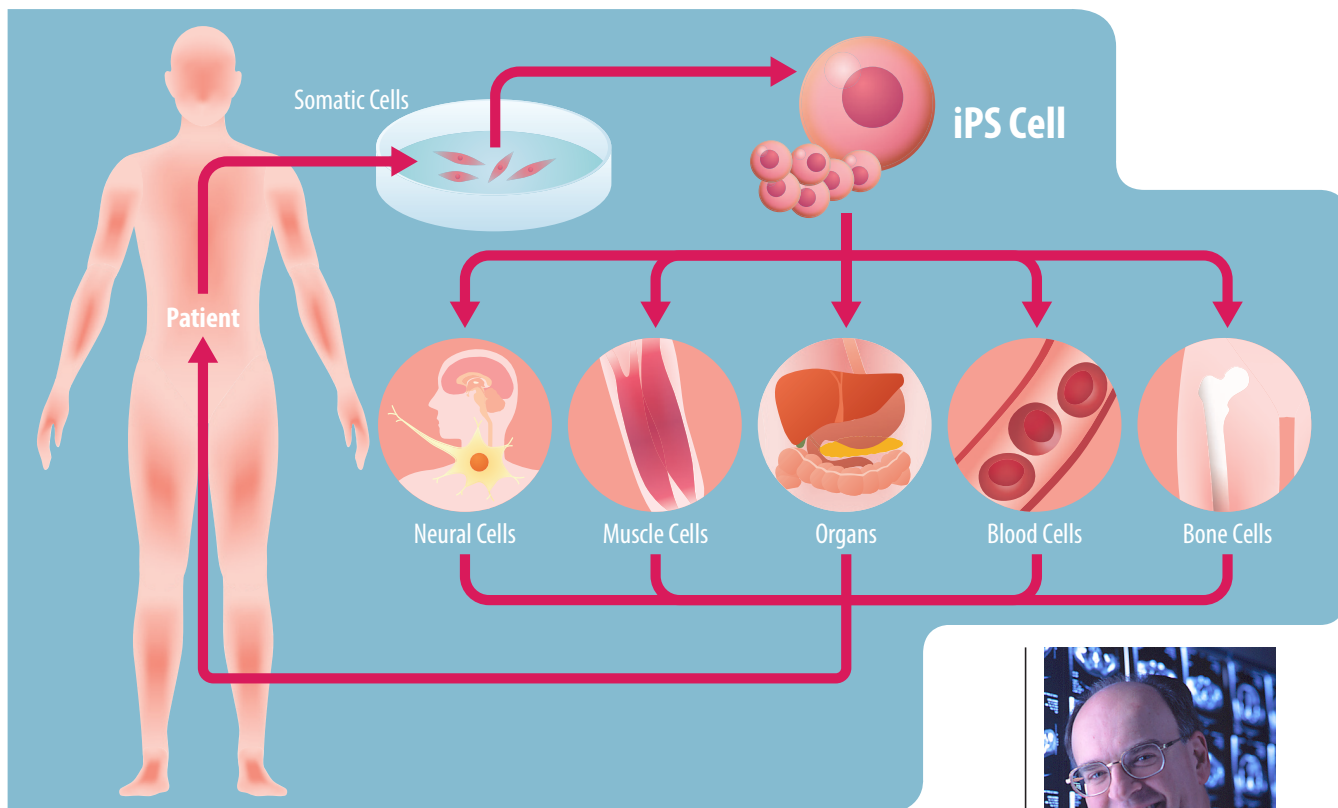
Those facing a difficult diagnosis want options.

"Clinical trials can open up a lot of possibilities that aren't available just with the standard of care," said Sarah Einspahr, RN, BSN.

Their message to patients: With the modern-day clinical trials, study participants are no longer experimental subjects. Clinical trials are very safe, conducted ethically and have far-reaching benefits.

"The standard treatments we have now are only because of those in clinical trials before you," Einspahr said.

Stem-Cell Transplant Still ‘Only Cure, Only Hope’



In 1982, a team including **Joseph Verdirame, MD**, performed one of the first bone-marrow transplants in Nebraska. It was a 180-day recovery process – patients received transplants from donors, and spent a month in the hospital.

“At the time, it was the only curative treatment for certain types of leukemia. In some cases, it still is today,” said Dr. Verdirame, dyad medical director for CHI Health Oncology Services and retired hematologist/oncologist.

In the early days of the transplant program, a number of patients were in their teens.

“We were dealing not only with patients, but also their parents,” he said. “Some patients may not have grasped the implications of all this, but their parents did. They saw it as a chance – the only cure, the only hope.”

Unfortunately, bone-marrow transplants didn’t always work. “We did have some fatalities, but the overwhelming emotion was hope,” he said.

Now, 35 years later, bone marrow is rarely harvested.

“We now use a patient’s own stem cells collected from the blood in an autologous stem-cell transplant,” said Samer Renno, MD, director of the CHI Health autologous stem-cell transplant program.

Most stem-cell transplants treat multiple myeloma, a cancer that affects certain white blood cells called plasma cells. CHI Health also does stem-cell transplants to treat non-Hodgkin’s lymphoma and Hodgkin’s lymphoma.

“We specialize in autologous stem-cell transplants and have many years of a long track record in this procedure,” said



Joseph Verdirame, MD
Oncology Services Medical Director
CHI Health



Samer Renno, MD
Autologous Stem-Cell Transplant Program Director
CHI Health

Dr. Renno, hematologist/oncologist. “We take the patient’s own cells and freeze them, not without risk, but it’s not a very high risk.”

Martha Rasmussen, of Ainsworth, Neb., was diagnosed at age 66 with lymphoma.

“It’s a very rare type of lymphoma, with a very bad prognosis,” Rasmussen said. “My oncology doctor in Norfolk belongs to the group of doctors affiliated with CHI Health Immanuel, so I chose to go there for my stem-cell transplant.”

The process included harvesting Rasmussen’s stem cells, chemotherapy (about four to five days), recovery in the hospital (several weeks) and infusing harvested stem cells back into her blood (a few hours).

“We specialize in autologous stem-cell transplants and have many years of a long track record in this procedure.”

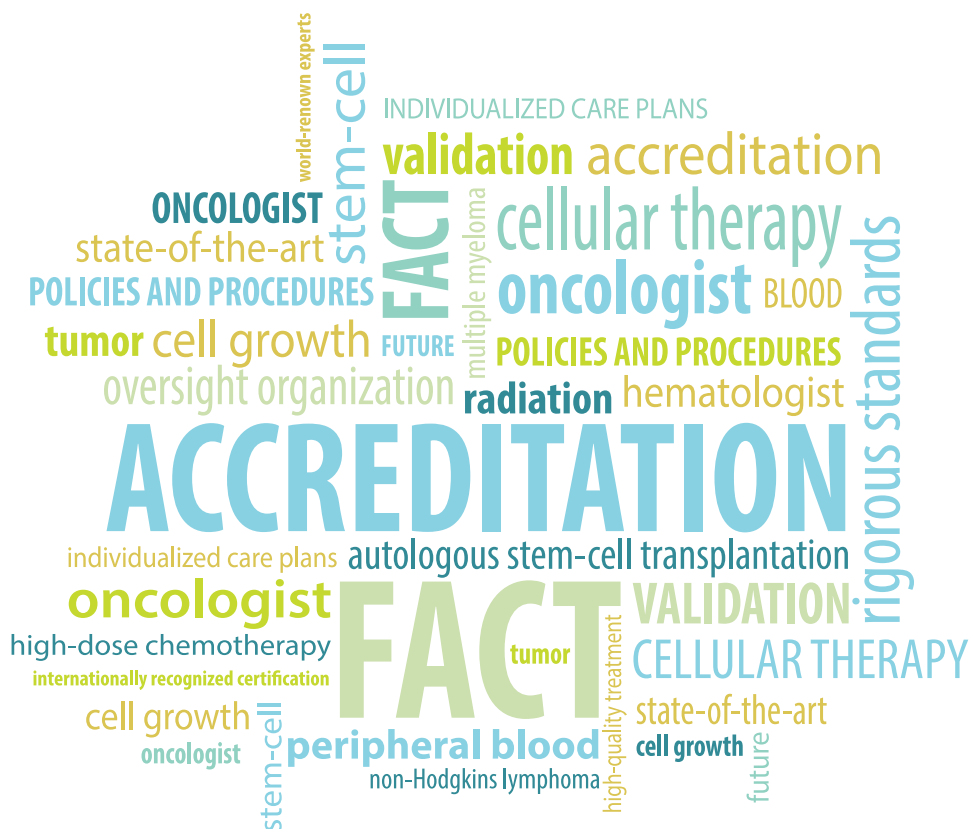
Samer Renno, MD

Dr. Renno said Rasmussen was upbeat and followed instructions “above and beyond” what was asked during her recovery. When she left the hospital, though, Rasmussen was surprised by how weak she’d become.

“I had hoped to hike up mountains within three months, but it took all my energy just to walk down the street and shop for an hour,” she said. “Still, everyone told me I was making a much better recovery than average.”

Ultimately, Rasmussen embraced the hope, and the cure.

“Life is beautiful and I’m very thankful for all the great nurses and doctors at Immanuel and the Norfolk Oncology Center who did so much to help me go on living,” Rasmussen said. 🌱



Accreditation: It’s a FACT at CHI Health Immanuel

In every aspect of autologous stem-cell transplant work, CHI Health Immanuel in Omaha meets the most rigorous standards. Thus, the Foundation for the Accreditation of Cellular Therapy (FACT) has awarded Immanuel internationally recognized certification for six years.

“FACT accreditation validates that we provide exceptional care for patients with blood cancers,” said Samer Renno, MD, hematologist/oncologist and director of the CHI Health autologous stem-cell transplant program. “We have a multidisciplinary stem-cell transplant team that provides high-quality, state-of-the-art treatment. We design individualized care plans to treat each patient.”

FACT is the oversight organization that inspects to assure that stem-cell transplant policies and procedures are up to standards. Specifically, this regards collection, storage and re-administration of cells, as well as patient care before, during and after infusion of cells.

“The standards for accreditation are evidence-based requirements that have been set by world-renowned experts in cellular therapy,” Dr. Renno said.

In an autologous transplant, a patient’s own blood stem cells are removed from bone marrow or peripheral blood in the weeks before treatment. These cells are frozen and stored while the patient gets treatment (high-dose chemotherapy and/or radiation) and then infused back into the patient’s bloodstream by IV. This is a common type of transplant for certain types of cancer, including multiple myeloma and non-Hodgkins lymphoma.



CHI Health Joins Top 1 Percent in Elite Breast Cancer Care Sites

As of January 2016, just 11 of 8,000 breast centers in the country could tout an elite triple-crown distinction in cancer diagnosis and treatment. Two are CHI Health facilities.

The CHI Health St. Francis Cancer Center in Grand Island joins the Breast Center at CHI Health Lakeside in Omaha as the only Nebraska hospitals recognized as Breast Centers of Excellence by the American College of Radiology (ACR), the National Accreditation Program for Breast Centers (NAPBC) and the National Quality Measures for Breast Centers (NQMBC).

Certification by the three national accrediting bodies confirms that Lakeside and St. Francis meet quality standards in imaging, surgery, cancer registry, pathology, radiation and patient satisfaction. That puts St. Francis and Lakeside in the top 1 percent of more than 8,000 breast centers in the United States.

Providing the best possible breast cancer care close to home is a priority for CHI Health surgeon Michael McNamara, MD, and oncologist Ryan Ramaekers, MD, and these accreditations verify it.

“Patients wouldn’t receive better care at any other institution across the country,” Dr. Ramaekers said. “That is what everyone strives for and we have been validated as providing that level of care to our breast cancer patients.”

CHI Health Lakeside, likewise, set a high bar for breast cancer care. “We wanted to show we could shine and excel so that patients realize that they don’t have to go anywhere else,” said Dr. McNamara, a general and breast surgery specialist at Lakeside. “These accreditations show that we have a superb program in our community. It’s important to us as CHI Health that we can offer care unsurpassed by any other facility.”

Oncologist Dr. Ramaekers said the same is true for St. Francis in Grand Island (pop. 50,000-plus). St. Francis provides screening and diagnosis, quality pathologists, radiation and chemotherapy services, breast reconstruction and genetic counseling.

“Essentially, every aspect of a patient’s breast cancer care from start to finish is considered standard of care or above,” he said.

Achieving Breast Center of Excellence certification required considerable collaboration.

“Going through this process made us even more collegial than we already were and even more committed to that collaborative approach to caring for patients,” Dr. McNamara said.

“That gives patients more security that they’re being treated very well — and perhaps more importantly — that they’re getting cutting-edge therapy and know they’re in the best hands.”



Michael McNamara, MD
Breast Health Center
Medical Director
CHI Health



Ryan Ramaekers, MD
Oncologist
CHI Health



Breast Center of Excellence Advantages



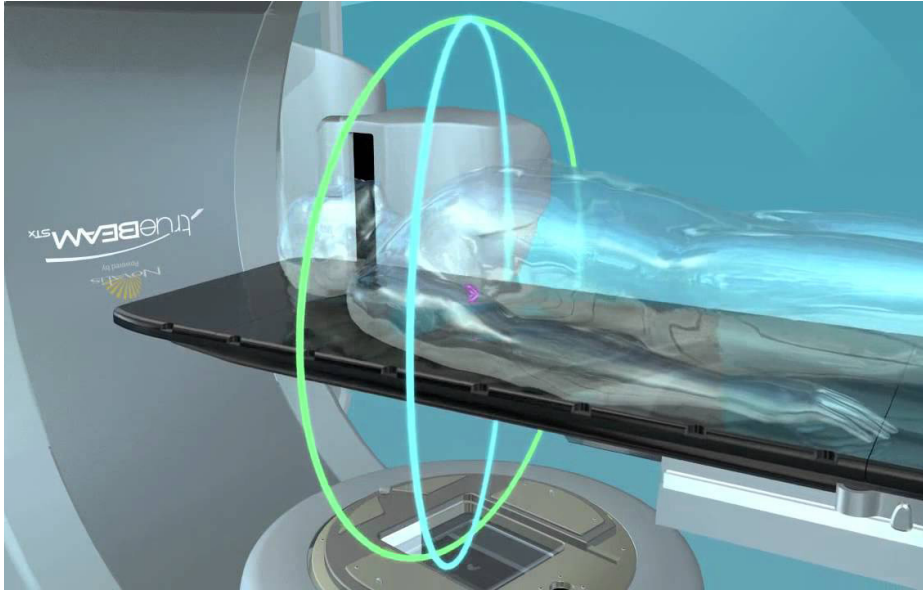
More comprehensive care from breast cancer experts



Radiologists dedicated only to breast care

3-D mammography that can be visualized

Leading-Edge Radiation Therapy Can Make ‘Huge Difference’ for Cancer Patients



An advanced image-guided radiation therapy system – treating cancer with speed and accuracy while avoiding healthy tissues and organs – is available to cancer patients in central Nebraska.

The Varian TrueBeam linear accelerator was designed to treat complex cases of cancer that affect the lung, breast, stomach, brain, liver and prostate.

“We’re pleased to offer these advanced treatments to our patients here in central Nebraska,” said Dale Brummer, radiation supervisor/chief dosimetrist, Good Samaritan Cancer

Center. “It’s the newest platform of radiation therapy equipment being produced.”

TrueBeam combines respiratory gating, real-time tracking, imaging and treatment in a streamlined system. This allows physicians to offer advanced treatment options, such as stereotactic radiosurgery (SRS), stereotactic body radiation therapy (SBRT), image-guided radiotherapy (IGRT), intensity-modulated radiotherapy (IMRT) and RapidArc, which Brummer said can cut some treatment times from nearly 30 to five or 10 minutes.

“We’re able to deliver intensity-

modulated therapy in a 360-degree arc entirely around the patient – rather than having multiple static fields at different locations,” Brummer said.

The system’s real-time imaging allows for greater accuracy in delivering high doses of radiation. TrueBeam’s respiratory gating technology gives doctors the ability to synchronize radiation beams with a patient’s breathing.

TrueBeam combines respiratory gating, real-time tracking, imaging and treatment in a streamlined system.

The bottom line: Patients potentially receive higher doses of radiation in a shorter time and spare tissue around the diseased area more efficiently than ever before.

“We can’t always guarantee that the treatment time can be shortened. A lot of that is driven by the particular disease and physician preference,” Brummer said. “But it can increase the dose rate to deliver the treatment more quickly. The patient doesn’t have to lie there for quite as long as in the past. For some patients, that can make a huge difference.”

3-D

ography detects
at might otherwise
ible



SPY imaging helps surgeons find healthy skin to reattach, resulting in fewer mastectomy complications



Oncotype DX genomic testing helps determine optimal treatment course and likelihood of breast cancer recurrence



Enhanced navigation services improves collaboration and information accessibility for entire medical team



More convenience and less waiting time for patients

Hereditary Cancer Pioneer: “I Knew Damn Well I Was Right”



Henry Lynch, MD
Chairman of the
Department of
Preventive Medicine
and President of the
Hereditary Cancer
Institute
Creighton University

“It was the pattern of the cancers... it could not be anything else but a hereditary situation.”

Henry Lynch, MD

In the 1960s and 1970s, Henry Lynch, MD’s position that certain types of cancer had a genetic origin was soundly rejected by other researchers.

“At the time, it was believed that the major cause of cancer was environmental – asbestos and other poisonous substances. While that is true, another factor was hereditary cancer, and that’s where I come in,” said Dr. Lynch, chairman of the Department of Preventive Medicine and

president of the Hereditary Cancer Institute at Creighton University.

Long before he became the “Father of Hereditary Cancer,” Dr. Lynch left school at age 14, served in the U.S. Navy during World War II and did a stint as professional boxer “Hammerin’ Hank.” When he went to medical school, his passion for genetics caught fire. For 30 years, he pressed on to convince the world that hereditary cancer was killing families.

“I hate to be so egocentric, but I knew damn well I was right,” he emphasized.

So right, in fact, that in 1961 Dr. Lynch started leading researchers to document hereditary diseases in Nebraska, a locale well-suited to this work. Rural families tended to keep careful records, and several generations often lived close to each other. It made it easier to get the complete picture.

“One man told me, ‘My whole family is riddled with cancer,’ and he turned out to be in one of the first families found with hereditary non-polyposis colorectal cancer,” said Dr. Lynch. “It was the pattern of the cancers, the ways they were distributed in the pedigrees and it could not be anything else but a hereditary situation.”

It was not until 1993 that a researcher in Finland found the hereditary form of colon cancer now called Lynch syndrome.

“She discovered the gene I was talking about and that exploded all over the world,” recalled Dr. Lynch. “They said, ‘He’s not a fool like we thought.’”

Lynch syndrome is now recognized as the most common hereditary colorectal cancer condition, leading to colorectal and endometrial cancer.

Today, Dr. Lynch’s work on certain breast and ovarian cancers is known as Hereditary Breast/Ovarian Cancer syndrome. This work contributed to the discovery in the mid-1990s of the BRCA1 and BRCA2 breast cancer genes.

The colonoscopies, mammograms and other tests routinely done around the world to screen for cancer are due in part to Dr. Lynch’s research at Creighton University, which has further helped to discover the link between a person’s family tree and breast, ovarian, endometrium, melanoma, pancreatic and other cancers.

In 1984, Dr. Lynch established Creighton University’s Hereditary Cancer Prevention Clinic, where families can find information and services. Throughout the years, his wife Jane was at his side in his quest to save families from an early cancer death. The Lynches had three children, and, sadly, Jane passed away a few years ago. “That was the most wonderful relationship of my life,” he said.

Dr. Lynch’s worldwide recognition includes the local honor of CHI Health Immanuel and CHI Health Creighton University Medical Center – Bergan Mercy establishing CHI Health Henry Lynch Cancer Centers. In Omaha, he remains vigilant in the pursuit of new ways to save lives.

“I persevere with the wonderful backing of so many specialists at Creighton University,” Dr. Lynch said. “We are looking for better ways of diagnosing hereditary disorders of all types, and that’s keeping us busy.”



A young Dr. Lynch dating his future wife and research partner, Jane Lynch.

Advice from the ‘Father of Hereditary Cancer’

If you’re a family physician, Henry Lynch, MD – the father of hereditary cancer research – has a message for you:

“Take a detailed family history of your patients,” he said. “By knowing the diseases that run in families, you can save lives. Prevention methods are very simple.”

To capture a precise family history, physicians must get detailed health information on patients as well as their siblings, children, parents, aunts, uncles and grandparents.

That knowledge is power. With early detection and meticulous vigilance, Lynch syndrome and other colon cancers are potentially curable in 80 to 90 percent of patients.

“Document and verify each case of cancer, if possible,” instructs Dr. Lynch, chairman of the Department of Preventive Medicine and president of the Hereditary Cancer Institute at Creighton University.



When It's Bad News, the Good News is Nurse Navigators

It's hard to hear that you have breast cancer, but Kim Saum-Mills was comforted by the unique guidance of a CHI Health nurse navigator. Thanks to an innovative program pioneered more than 10 years ago, there are 17 oncology-certified nurses at CHI Health hospitals from Omaha to Kearney, Nebraska.

Saum-Mills – two years out from her last chemotherapy treatment – was joined at medical appointments by Nicole Peterson, RN, BSN, OCN, nurse navigator, Midwest Cancer Center in Omaha.

“It’s a terrible thing to go through, but I had an outstanding experience – she navigated me through scary, difficult situations,” said Saum-Mills, 47, of Gretna, Nebraska. “I wish everyone going through a difficult medical situation would have someone like her. I cannot tell you how many

times I referred back to the notes Nicole took for me. I needed it all clearly written down.”

Family physicians can be assured that a nurse navigator sees each patient at the time of biopsy, said Dana Welsh, RN, BSN, OCN, nurse navigator, CHI Health Good Samaritan Cancer Center in Kearney.

“That really sets us apart in having contact with patients prior to cancer diagnosis,” Welsh said. “We are able to develop a rapport from diagnosis through treatment and into survivorship.”

“It is all about developing a relationship and being a constant support for patients while they feel like they have no control and their life is in limbo,” said Karen Pribnow, RN, MSN, OCN, CN-BN, certified breast cancer nurse navigator, CHI Health St. Elizabeth. “We anticipate their

questions as many times they don’t even know what to ask.”

“It’s important for the nurse navigator to be with patients,” said Courtney Fuller, RN, OCN, nurse navigator, CHI Health St. Francis Cancer Center in Grand Island. “It’s a high-anxiety time for them. The education we can provide helps them to be less anxious.”

CHI Health’s nurse navigators assist patients throughout the region. It’s like having a nurse in the family. “We are that one person who can go to the hospital, radiation therapy or medical oncology clinic with them. In oncology, you can never have enough eyes on a patient to be sure things don’t get missed,” Peterson said.

What makes nurse navigators unique in health care?

They’re informative.

“Cancer patients retain only about 30 percent of what they are told. We answer questions and let them know we will be there for them,” Pribnow said.

They’re accessible.

“We have the luxury of being able to honestly say we have time for the patient,” Peterson said. Nurse navigators are available throughout the week; in the Omaha area, a nurse navigator is on call for 24-hour care.

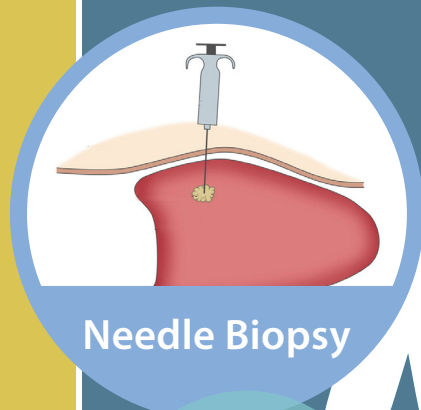
They’re persistent.

Some caregivers only see patients during episodes of care (hospital stay, radiation treatment). “We are that one person who really gets to follow them through the entire continuum of care,” Peterson said. ✦



Alpha to Omega of Interventional Radiology at CHI Health

Our minimally invasive approach to cancer diagnosis, treatment and symptom management includes nearly 70 interventional radiology procedures.



Needle Biopsy

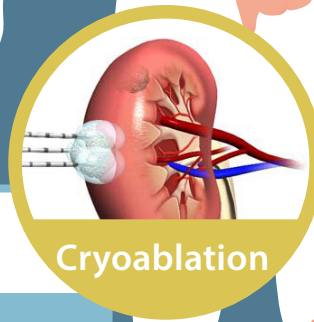
Pain Management Injections



Paracentesis & Thoracentesis

Microwave Ablation

Portacath & PICC Line Placement



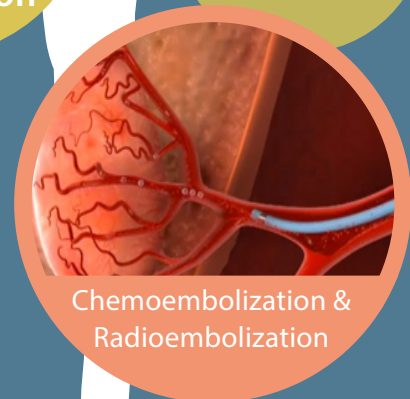
Cryoablation

Radiofrequency Ablation

Y-90 Radioembolization

One of our newest procedures, this is also called Selective Internal Radiation Therapy (SIRT).

- Microspheres five times the diameter of red blood cells
- Filled with radioactive isotope Yttrium-90
- Placed inside hepatic arteries feeding cancerous tumors
- Block blood supply to cancer cells
- Deliver up to 40 times more high-dose radiation
- Spare surrounding healthy tissues



Chemoembolization & Radioembolization

**We Value
Your Feedback!**

Please share your thoughts about this issue of *microscope* and your ideas for future stories at CHIhealth.com/MicroIdeas

The McAuley Fogelstrom Center
12809 W. Dodge Road
Omaha, NE 68154

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**IT IS ALL ABOUT
DEVELOPING
A RELATIONSHIP
AND BEING A CONSTANT SUPPORT
FOR PATIENTS WHILE THEIR LIFE
IS IN LIMBO.**

**IT WAS THE PATTERN OF THE CANCERS, THE WAYS
THEY WERE DISTRIBUTED IN THE PEDIGREES AND
IT COULD NOT BE ANYTHING ELSE
BUT A HEREDITARY SITUATION.**

microscope

I know brachytherapy was the right treatment for me. Dr. Yiee removed the cancer without any scarring.

**AS PHYSICIANS,
WE KNOW WE MUST KEEP
PRESSING FORWARD —
OFTEN INTO NEW
TERRITORY — FOR
OUR PATIENTS.**

**WE HAVE A MULTIDISCIPLINARY
STEM-CELL TRANSPLANT TEAM
THAT PROVIDES
HIGH-QUALITY,
STATE-OF-THE-ART
TREATMENT. WE DESIGN
INDIVIDUALIZED CARE PLANS TO
TREAT EACH PATIENT.**

LOW OR NO DOSES TO NORMAL TISSUES.
High doses going to the cancerous area and

CHI Health Cancer Center Locations

**CHI Health Creighton University
Medical Center - Bergan Mercy**
7500 Mercy Rd.
Omaha, NE 68124
402-717-2273

CHI Health Good Samaritan
10 E. 31st St.
Kearney, NE 68847
308-865-7985

CHI Health Immanuel
6901 N. 72nd St.
Omaha, NE 68122
402-717-2273

CHI Health Lakeside
16901 Lakeside Hills Ct.
Omaha, NE 68130
402-717-2273

CHI Health Mercy
800 Mercy Dr.
Council Bluffs, IA 51503
402-717-2273

CHI Health Midlands
11111 S. 84th St.
Papillion, NE 68046
402-717-2273

CHI Health St. Elizabeth
555 S. 70th St.
Lincoln, NE 68510
402-219-5000

CHI Health St. Francis
2620 W. Faidley Ave.
Grand Island, NE 68803
308-398-5450